

Posttest

IS-1900 - NDMS Federal Coordinating Center Operations Course

(Total of 25 questions)

1. Following a Presidential declaration of an emergency or a major disaster, a request for medical assistance may initiate activation of the:
 - a) National Response Plan.
 - b) National Incident Management System.
 - c) Robert T. Stafford Disaster Relief and Emergency Assistance Act.
 - d) National Disaster Medical System.

2. The National Disaster Medical System (NDMS) is a/an:
 - a) All-discipline, all-hazards plan that establishes a single, comprehensive framework for the management of domestic incidents.
 - b) Federally-coordinated system that augments the Nation's medical response capability.
 - c) Extensive and well-coordinated multiagency response to save lives, minimize damage, and provide the basis for long-term community and economic recovery.
 - d) Grouping of government and private-sector capabilities to provide the support, resources, program implementation, and services following domestic incidents.

3. The overall purpose of the NDMS is to provide support to the military in caring for casualties evacuated back to the U.S. from overseas armed conflicts and to:
 - a) Specify how the resources of the Federal Government will work in concert with State, local, and tribal governments and the private sector to respond to Incidents of National Significance.
 - b) Provide a nationwide framework for working cooperatively to prevent or respond to threats and incidents regardless of cause, size, or complexity.
 - c) Establish a single integrated National medical response capability for assisting State and local authorities in dealing with the medical effects of major disasters.
 - d) Serve as the primary operational-level mechanism to provide assistance to State, local, and tribal governments or to Federal departments and agencies conducting missions of primary Federal responsibility.

4. What is the mission of the NDMS?

- a) To provide the mechanism for State, local, and tribal resources to respond to public health and medical care needs (to include veterinary and/or animal health issues when appropriate) for Incidents of National Significance and/or during a developing potential health and medical situation.
- b) To incorporate best practices and procedures from various incident management disciplines and integrate them into a unified coordinating structure, while recognizing lessons learned and decades of experience responding to national emergencies and disasters.
- c) To provide a nationwide template enabling Federal, State, local, and tribal governments and private-sector and nongovernmental organizations to work together effectively and efficiently to prevent, prepare for, respond to, and recover from domestic incidents regardless of cause, size, or complexity.
- d) To organize a coordinated effort by the NDMS Federal Partners to provide health services, health-related social services, other appropriate human services, and appropriate auxiliary services to respond to the needs of victims of a public health emergency, and to be present at locations when such locations are at risk of a public health emergency.

5. What are the goals of the NDMS?

- a) To support State and local efforts to address medical and health needs arising from natural and man-made disasters and to support patient treatment requirements from military contingencies.
- b) To activate Public Health Emergency Preparedness resources through the Robert T. Stafford Act or the Public Health Service Act and provide Federal-to-Federal support.
- c) To serve as the primary medical mechanism to provide assistance to State, local, and tribal governments and to serve Federal departments and agencies conducting missions of primary medical responsibility.
- d) To coordinate Federal operations within the United States to prepare for, respond to, and recover from terrorist attacks, major disasters, and other medical emergencies.

6. The NDMS works with State and local governments and the private sector to fulfill three main objectives:

- To provide supplemental health and medical assistance in domestic disasters at the request of State and local authorities.
- To provide a nationwide network of voluntary, pre-identified, non-Federal acute care hospitals capable of providing definitive care for the victims of domestic disaster or military contingency that exceeds the medical care capabilities of the affected local, state, or Federal medical system.
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- a) To coordinate training, exercises, assessments, communications, planning and operations for Federal Coordinating Centers.
- b) To manage the day-to-day coordination of planning and operations in one or more assigned geographic NDMS Patient Reception Areas.
- c) To evacuate patients, who cannot be cared for in the disaster area, to designated locations elsewhere in the Nation.
- d) To ensure that NDMS member hospitals, local emergency management agencies, EMS agencies, public safety, police and fire services are provided annual orientation to the Patient Reception Area plan.

7. What are the three main working features of the NDMS?

- Medical response to a disaster area in the form of teams, supplies, and equipment.
- A patient evacuation system designed to move patients from a disaster site to unaffected areas of the nation.
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- a) Administrative support for patient control and proper patient accounting.
- b) Definitive medical care at participating pre-identified, volunteer, non-Federal hospitals in unaffected areas.
- c) Participation in nationwide periodic NDMS and ad-hoc local bed reporting exercises.
- d) Open communications and liaison are established with the Global Patient Movement Requirements Center (GPMRC).

8. The NDMS is an asset sharing partnership among the:
 - a) Department of Homeland Security's Federal Emergency Management Agency, Department of Defense, Department of Veterans Affairs, and Department of Health and Human Services.
 - b) NDMS Senior Policy Group, NDMS Executive Secretariat, and Federal Coordinating Center Work Group.
 - c) Community-Based NDMS Steering Committee, Patient Reception Areas, and Federal Coordinating Centers.
 - d) Federal Coordinating Center Director, Federal Coordinating Center Coordinator, and Patient Reception Team.
9. Federal Coordinating Centers (FCCs) are facilities located in metropolitan areas of the United States and are responsible for the:
 - a) Patient reception, triage, staging, transportation and quality of medical treatment of arriving patients.
 - b) Management and supervision of the NDMS and consists of one official from each of the four partner agencies.
 - c) Day-to-day coordination of planning and operations in one or more assigned geographic NDMS Patient Reception Areas.
 - d) Preparation of local NDMS operating plans, planning, and execution of system exercises.
10. The FCC Director is responsible for:
 - a) Establishing and maintaining the support of community members.
 - b) Emergency medical transport services in his/her jurisdiction.
 - c) Ensuring that academic medical centers serve as trauma centers for the region.
 - d) The endorsement of prominent Reservists and National Guardsman.

11. The FCC Coordinator is the field representative for the FCC and is responsible for:

- a) Seeking resource support from local businesses that may be directly involved in disaster response assets.
- b) Enrolling institutional participants, recruiting capable sponsorship, and identifying leadership for NDMS response teams.
- c) Coordinating local plans, exercises and other functional activities to ensure the day-to-day operational readiness of the local FCC program.
- d) Establishing and maintaining the support of NDMS partner departments and agencies within the immediate area.

12. In general, NDMS participating hospitals are within a 50-mile radius of the airport or military airfield that would be the likely arrival location of NDMS patients. This is to help ensure that:

- a) Local ground transport of patients to a participating hospital will require one hour or less.
- b) Only a single method of transportation will be required for transport of patients to participating hospitals.
- c) No more than one method of transportation will be required to transport patients to a participating hospital.
- d) Minimal triage will be required before departure and transport to participating hospitals.

13. As part of a Memorandum of Agreement, hospitals agree to commit a number of their acute care beds for NDMS patients. Because this is a completely voluntary program, hospitals may, upon activation of the NDMS,:

- a) Withdraw from participation due to individual hospital priorities.
- b) Provide more or fewer beds than the number committed in the agreement.
- c) Transfer patients to other hospitals in the local community or regional area.
- d) Decide not to admit patients to admit to their facility if they are uninsured.

14. A factor that may determine initial bed commitments is the number of:

- a) Transient patient beds, bassinets, incubators, and labor and recovery beds.
- b) Separate reception sites that insure that bed reports are submitted separately for each Patient Reception Area.
- c) Current hospital staff with duplicate privileges at other hospitals in the area or with Armed Forces Reserve Components.
- d) Patients that the Global Patient Movement Requirements Center can regulate immediately to a Patient Reception Area.

15. The FCC Coordinator ensures that a _____ is developed for each PRA and that each remains viable through training and exercises.

- a) Disaster Medical Team.
- b) Bed Reporting Team.
- c) Triage and Transport Team.
- d) Patient Reception Team.

16. Upon system activation, NDMS operations are collectively overseen by the _____ through representation on a medical inter-agency coordination group and the DHS FEMA National Resource Coordination Center:

- a) NDMS Executive Secretariat.
- b) Disaster Field Office.
- c) Global Patient Movement Requirements Center.
- d) State Coordinating Officer.

17. _____ are DHS summary documents that specify the mission to be performed, certify fund availability, and authorize the movement of non-DoD beneficiary patients in general terms:

- a) Patient Reception Areas Plans.
- b) DHS Regional Director Instructions.
- c) Patient Movement Mission Assignments.
- d) Federal Coordinating Center Requirements.

18. The _____ will determine to which activated FCCs the patients will be moved based on the victims' needs, beds available, and transportation availability.:
- a) Aeromedical Evacuation System.
 - b) NDMS Federal Coordinating Center.
 - c) Defense Distribution Operations Center.
 - d) Global Patient Movement Requirements Center.
19. When supporting the NDMS, the DoD Transportation Command (TRANSCOM) Regulating and Command & Control Evacuation System (TRAC2ES) helps to:
- a) Facilitate the day-to-day transportation of DoD patients from military contingencies.
 - b) Manage the movement of patients from evacuation points in the disaster area to a Federal Coordinating Center.
 - c) Determine the medical equipment needed for ground or air transport.
 - d) Coordinate lodging, feeding and other support for recovered patients awaiting transport home.
20. When alerted or activated, FCCs:
- a) Establish a database of NDMS member hospital capacity available to support wartime contingencies as well as domestic natural disasters and emergencies.
 - b) Provide training to member hospitals on providing a means by which they can report available beds to their local FCC in a timely manner.
 - c) Manage patients' fiscal information and ensure all financial claims reimbursement.
 - d) Receive specific instructions from the Global Patient Movement Requirements Center for reporting of throughput and bed availability.

21. At the time of discharge, patients requiring continuing care are returned as soon as appropriate care is available in the area from which they were evacuated and:
- a) The patient's insurance coverage is confirmed.
 - b) The patient can be transported safely.
 - c) The patient is able to give consent for transportation.
 - d) The patient's family has been contacted.
22. The FCC Coordinator consults their headquarters element, the DHS Disaster Assistance Center, or other appropriate agencies or organizations in order to ensure that patients are registered for:
- a) Federal Disaster Assistance.
 - b) Military Medical Support.
 - c) Medicaid or Medicare.
 - d) State Managed Care Support.
23. Attending physicians should identify the readiness of patients for movement 72 hours (at a minimum) prior to transfer in accordance with requirements established by the:
- a) National Disaster Medical System Executive Secretariat.
 - b) NDMS member hospital discharge planner and the aeromedical evacuation system.
 - c) FCC Coordinator and Patient Reception Team.
 - d) Global Patient Movement Requirements Center, HHS or other sponsoring entity.

24. Why must the following elements be submitted by the FCC to HHS as soon as possible?

- Name of disaster, emergency or contingency
 - FCC name and telephone number
 - Patient name, SSN or other unique patient identifier
 - Admitting hospital, date of hospital admission or date of arrival at the PRA
 - Diagnostic category and type of patient (i.e., directly injured/victimized by incident or indirectly affected, relocated or displaced due to the incident)
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- a) To activate and employ the TRANSCOM Regulating and Command & Control Evacuation System.
 - b) To coordinate all patient administration functions detailed in the Mission Assignment.
 - c) To help track patients and validate their potential eligibility for reimbursement of medical care claims by NDMS member hospitals.
 - d) To establish contact with and coordinate case management with patients' third party insurance programs.

25. Who will pay bills for appropriate charges for services incurred by the FCC during PRA operations?

- a) The patient's primary and/or secondary third party payer for medical care (i.e., insurance carrier, Medicare, Medicaid, etc.).
- b) The Director of any FCC activated to conduct PRA operations, or their designated fiscal authority.
- c) The Department of Defense's Managed Care Support Contractor.
- d) The Secretary's Operations Center within the Department of Health and Human Services.